


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. McRatham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001188 (0) 1. Corporation Name PALM HAVEN MOBILE HOME OWNERS ASSOCIATION INC.					
Principal Place of Business 3301 58TH AVE. NORTH #139 ST. PETERSBURG FL 33714		Mailing Address 3301 58TH AVE. NORTH #139 ST. PETERSBURG FL 33714		3. Date Incorporated or Qualified 03/10/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-3306975 Applied For Not Applicable	
9. Name and Address of Current Registered Agent BUTLER, FRAN 3301-58TH AVE. NORTH, #139 ST. PETERSBURG FL 33714		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes. SIGNATURE <i>Lawrence A. Mound Sr. Pres.</i> DATE 3-31-98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAM, BERNARD		1.2 NAME	Mound, Lawrence	
STREET ADDRESS	3301-58TH AVE., NORTH, #205		1.3 STREET ADDRESS	3301 58th Ave N #455	
CITY-ST-ZIP	ST. PETERSBURG FL 33714		1.4 CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTIGLIONE, CARL		2.2 NAME	Knott, William	
STREET ADDRESS	3301 58TH AVENUE NORTH, #313		2.3 STREET ADDRESS	3301 58th Ave N #220	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, FRAN		3.2 NAME	Turner, Adele	
STREET ADDRESS	3301-58TH AVE., #139		3.3 STREET ADDRESS	3301 58th Ave N #263	
CITY-ST-ZIP	ST. PETERSBURG FL 33714		3.4 CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALNON, JOHN		4.2 NAME		
STREET ADDRESS	3301-58TH AVE. #355		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33714		4.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLES, GERALD		5.2 NAME		
STREET ADDRESS	3301-58TH AVE. NORTH, #237		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33714		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Lawrence A. Mound Sr.</i> DATE: <i>March 7, 1998</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CR2E037 (10/97)